

226841

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

RECEIVED

NOV 16 2010

PSC SC  
CLERK'S OFFICE

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET  
NUMBER: 2009 - 402 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Kenneth James Coallions

Telephone: 704 - 544 - 1800

Address: 429 Marrin Rd  
Fort Mill SC 29707

Fax: 704 - 542 - 6360

Other: 704 - 737 - 0809

Email: ken@ballantynemoving.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit                                       |
| <input checked="" type="checkbox"/> Application - Class E Household Goods   | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Other: _____                                  |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

amended  
appl.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 FAX: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF  
MOTOR VEHICLE CARRIER

Select Class: (Check one)

Date: 10-7-10

- ☒ E (HHG) - Household Goods  
☐ E (HAZ) - Hazardous Material

**IMPORTANT!** If application is to request reinstatement or amend scope of authority, a current annual report must be on file with the Commission before application will be accepted. If application is for a NEW CERTIFICATE, do not submit annual report.

Check one:

- ☒ New Application  
☐ Amended Scope of Authority

Current Scope:  
(list counties) \_\_\_\_\_

Amended Scope:  
(list counties) \_\_\_\_\_

- ☐ Reinstatement of Authority

My Certificate of Public Convenience and Necessity Number is \_\_\_\_\_. My certificate was revoked/  
cancelled on \_\_\_\_\_ because \_\_\_\_\_.

I am seeking reinstatement because \_\_\_\_\_

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)  
Kenneth James Scallions dba

Ballantyne & Beyond Moving

429 Marvin Rd. Fort Mill SC 29707

Street Address of Applicant

8910-B Otter Creek 28277

Mailing Address of Applicant if different from street address

704-544-1800

Phone

704-542-6360

FAX

Ken@BallantyneMoving.com

Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☒ Individual Owner/Sole Proprietorship  
☐ Partnership - List names and address of all person having an interest in the business.  
☐ Corporation - List names and addresses of two principal officers.
- 
- 
- 
- 

4. Applicant proposes to operate service as follows: (Check one.)

- ☐ Intrastate Only      ☐ Interstate Only      ☒ Both

5. Is applicant certified to provide intrastate transportation of household goods in another state: (Check one.)

- ☒ Yes      ☐ No

*If yes, attach a letter from the regulatory agency in the state(s) stating applicant is in compliance with the rules and regulations of said state agency.* NCLC 2468

6. Has applicant been convicted of operating with no intrastate household goods authority or failure to abide by the rules and regulations pertaining to the intrastate transportation of household goods in this state or any other state? (Check one.)

- ☐ Yes      ☒ No

*If yes, list dates and nature of convictions below.*

---

7. Has applicant ever had a certificate authorizing the transportation of household goods revoked in this state or any other state? (Check one.)

- ☐ Yes      ☒ No

*If yes, list dates and nature of revocations below.*

---

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### BALANCE SHEET

Balance at Time Application is Filed:

Month October Year 2010

**Assets:**

Cash	\$54,364.04
Receivables	\$ 17,469.01
Real Estate	N/A
Buildings and Equipment (Net)	\$7,347.00
Motor Vehicles (Net)	\$11,840.00
Garage Equipment (Net)	N/A
Machinery and Tools (Net)	\$3,350.00
Supplies on Hand	\$4,200.00
Prepays and Other Assets	\$3,500.00
<b>Total Assets</b>	<b>\$166,204.04</b>
<b><u>Liabilities and Equity:</u></b>	
Accounts Payable	\$3,000.00
Notes Payable	0
Mortgages Payable	0
Equipment Obligations	0
Accrued Salaries and Wages	0
Other Accrued Obligations	0
Other Liabilities	0
<b>Total Liabilities</b>	<b>\$3,000.00</b>
Capital Stock	0
Retained Earnings	0
<b>Total Equity</b>	<b>66,204.04</b>
<b>Total Liabilities and Equity</b>	<b>66,204.04</b>

## PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges for Service are as follows:

2 men \$ 85 per hour  
3 men \$ 115 per hour

## COMMODITIES TO BE TRANSPORTED AND AREA(S) TO BE SERVED

Commodities to be Transported: (Check one)

- ☒ Household Goods, as defined in R103-210(1)  
☐ Hazardous Wastes, as defined in R103-210(2)

Areas to be Served: (List each county in which you plan to operate)

all counties

## DESCRIPTION OF EQUIPMENT

[illegible]

\* Number of seats if passenger carrier or tonnage if freight carrier.

## INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**.

The following insurance quote is for:

Ballantyne & Beyond Moving

Name of Motor Carrier

429 Marvin Rd Fort Mill Sc 29707

Address of Motor Carrier

### Amount of Premium:

Liability Insurance \$ 5,678

Cargo Insurance \$ 2,824

### Limits Quoted: (See Below)

Limits \_\_\_\_\_

Limits \_\_\_\_\_

\* Attach Certificate of Insurance if available.

AUTO-OWNERS INSURANCE

Name of Insurance Company

P.O. Box 30660 LANSING, MICHIGAN 48909-8160

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

11-9-10

Date

[Signature]

Authorized Insurance Company Representative's Signature

\* Form E and Form H Certificates of Insurance are required to be filed with the Office of Regulatory Staff (ORS). The schedule of minimum limits for Household Goods carriers are listed below:

Vehicle liability for vehicles less than 10,000 lbs. GVWR	\$ 500,000
Vehicle liability for vehicles 10,000 lbs. or more GVWR	\$ 750,000
Cargo - For loss of or damage to property carried on any one motor vehicle	\$ 2,500
For loss of or damage to or aggregate of losses or damages of or to property occurring at any one time and place	\$ 5,000

### NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

**Exhibit FWA**

Ballantyne & Beyond Moving  
Name

1917317

U.S.D.O.T No.

ICC No.

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes

☒ No

☐ Pending

(Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory

☐ Conditional

☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been places "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes

☒ No

3. Are there currently any outstanding judgment(s) against the Applicant?

☐ Yes

☒ No

4. Is Applicant familiar with all statutes and regulations, including safety regulations and workers' compensation laws that govern for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

SWORN TO BEFORE ME  
This 18<sup>th</sup> day of Oct., 2010

Stephanie McCaslin  
Notary Public

Commission Expires 2-17-2013

State of Tenn.  
Co. of Lauderdale

James Scattergood  
Applicant's Signature

7 of 10

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA

COUNTY OF

Lancaster

Kenneth James Scallions  
Applicant's Signature

I, Kenneth James Scallions Owner  
Name of Applicant's Representative Title  
of Ballantyne & Beyond moving  
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

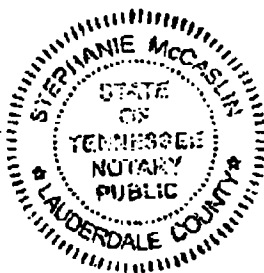
Kenneth James Scallions  
Signature of Applicant's Representative

SWORN TO BEFORE ME  
This 18<sup>th</sup> day of Oct, 2010

Stephanie McCaslin  
Notary Public

Commission Expires 2-17-2013

State of Tenn  
Co. of Lauderdale



Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

Henry James Scallion  
Applicant's Name

### Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and if familiar with all applicable U.S.D.O.T regulations relating to the safe operation of Commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392;395 and 396);
6. Are in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☐ Yes ☒ Not Applicable

Exempt Applicants - If you will operate only small vehicles (GVWR of 10,000 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☒ Yes ☐ Not Applicable

Henry James Scallion, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

SWORN TO BEFORE ME  
This 18<sup>th</sup> day of Oct, 20 10

Henry James Scallion  
Applicant's Signature

Stephanie McCaslin  
Notary Public

Commission Expires 2-17-2013

Print Application

State of Tenn  
Co. of Lauderdale



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/9/2010

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER RDR Insurance Services 5960 Fairview Road, Suite 100 Charlotte NC 28210 INSURED Ballantyne & Beyond Moving DBA Kenneth James Scallions 8910 Otter Creek #B Charlotte NC 28277	CONTACT NAME: Jackie Gray PHONE (A/C, No, Ext): (704) 553-1617 E-MAIL: jgray@rdrins.com ADDRESS: 00000485 PRODUCER CUSTOMER ID # INSURER(S) AFFORDING COVERAGE INSURER A: Auto Owners Insurance Company NAIC # 18988 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
--	--

COVERAGES		CERTIFICATE NUMBER: CL1011904980		REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		104616-35402149-10	4/26/2010	4/26/2011	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/>					
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		48-401-836-00	4/26/2010	4/26/2011	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ 2006, Ford, 18 Ft Box Truck, \$
	UMBRELLA LIAB EXCESS LIAB DEDUCTIBLE RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A			WC STATUTORY LIMITS E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Motor Truck Cargo		104616-35402149-10	4/26/2010	4/26/2011	Deductible \$1,000 \$75,000 per vehicle

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

## CERTIFICATE HOLDER

(919) 733-1585

North Carolina Utilities Commission  
4325 Mail Service Center  
Raleigh, NC 27699-4325

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Ralph Royster/JACKIE

**Form H**  
**UNIFORM MOTOR CARRIER CARGO**  
**CERTIFICATE OF INSURANCE**

Filed with the S.C. DEPARTMENT OF MOTOR VEHICLES, PO BOX 1498, BLYTHEWOOD, SC, 29216 (hereinafter called Commission)

This is to certify, that the United Financial Casualty Company (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to BALLANTYNE & BEYOND, ., of 8910- OTTER CREEK #B, CHARLOTTE, NC 28277 a policy or policies of insurance effective from 08/27/2009 12:01 a.m., standard time at the address of the Insured stated in said policy or policies and continuing until canceled as provided herein, which, by attachment of the Uniform Motor Carrier Cargo Insurance Endorsement, has or have been amended to provide cargo insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

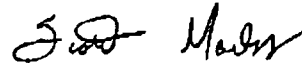
This certificate and the endorsement described herein may not be canceled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the Insured giving thirty (30) days notice in writing to the State Commission, such thirty (30) days notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143

this 22nd day of September, 2009

Insurance Company File No. CA 05268754  
(Policy Number)

MC2443a (09/99)



(Authorized Company Representative)

**FORM I**  
**UNIFORM MOTOR CARRIER CARGO**  
**INSURANCE ENDORSEMENT**

It is agreed that:

1. The certification of the policy as proof of financial responsibility under the provisions of any State motor carrier law or regulations promulgated by any State Commission having jurisdiction with respect thereto, amends the policy to provide insurance for motor carrier cargo liability in accordance with the provisions of such law or regulations to the extent of the coverage and limits of liability required thereby; provided only that the insured agrees to reimburse the company for any payment made by the company which it would not have been obligated to make under the terms of this policy except by reason of the obligation assumed in making such certification
2. The Uniform Motor Carrier Cargo Certificate of Insurance has been filed with the State Commissions indicated below.
3. This endorsement may not be canceled without cancellation of the policy to which it is attached. Such cancellation may be effected by the company or the insured giving thirty (30) days notice in writing to the State Commission with which such certificate has been filed, such thirty (30) days notice to commence to run from the date the notice is actually received in the office of such Commission.

Attached to and forming part of policy No. CA 05268754-0 issued by United Financial Casualty Company herein called Company, of 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143 to BALLANTYNE & BEYOND, LLC, of 8910- OTTER CREEK #B, CHARLOTTE, NC 28277

Dated at MAYFIELD VILLAGE, OH this 23rd day of October, 2009

Countersigned by

  
 Authorized Company Representative

This form determined by the National Association of Railroad and Utilities Commissioners and promulgated by the Interstate Commerce Commission pursuant to the provisions of Section 202 (b) (2) of the Interstate Commerce Act (49 U.S.C., Sec. 302 (b) (2)).

X -- INDICATES STATE COMMISSIONS WITH WHOM UNIFORM MOTOR CARRIER CARGO CERTIFICATE OF INSURANCE HAS BEEN FILED					
ALABAMA		ILLINOIS		MONTANA	
ALASKA		INDIANA		NEBRASKA	X
ARIZONA		IOWA		NEVADA	
ARKANSAS		KANSAS		NEW HAMPSHIRE	
CALIFORNIA		KENTUCKY		NEW JERSEY	
COLORADO		LOUISIANA		NEW MEXICO	
CONNECTICUT		MAINE		NEW YORK	
DELAWARE		MARYLAND		NORTH CAROLINA	X
DISTRICT OF COLUMBIA		MASSACHUSETTS		NORTH DAKOTA	
FLORIDA		MICHIGAN		OHIO	
GEORGIA		MINNESOTA		OKLAHOMA	
HAWAII		MISSISSIPPI		OREGON	
IDAHO		MISSOURI		PENNSYLVANIA	
				RHODE ISLAND	
				SOUTH CAROLINA	
				SOUTH DAKOTA	
				TENNESSEE	
				TEXAS	
				UTAH	
				VERMONT	
				VIRGINIA	
				WASHINGTON	
				WEST VIRGINIA	
				WISCONSIN	
				WYOMING	

**Form E**  
**UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY**  
**DAMAGE LIABILITY CERTIFICATE OF INSURANCE**

Filed with the S.C. DEPARTMENT OF MOTOR VEHICLES (hereinafter called Commission) of PO BOX 1498, BLYTHEWOOD, SC 29216

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Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days notice in writing to the State Commission, such thirty (30) days notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143  
this 22nd day of September, 2009

Insurance Company File No. CA 05268754  
(Policy Number)

  
(Authorized Company Representative)

MC1633a(08/99)

IR83539B

Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

Henry James Seaborn  
Applicant's Name

### Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and is familiar with all applicable U.S.D.O.T regulations relating to the safe operation of Commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392, 395 and 396);
6. Are in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☐ Yes ☒ Not Applicable

Exempt Applicants - If you will operate only small vehicles (GVWR of 10,000 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☒ Yes ☐ Not Applicable

Henry James Seaborn, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

Henry James Seaborn  
Applicant's Signature

This 18<sup>th</sup> day of Oct, 20 10

Stephanie McCaskin  
Notary Public

Commission Expires 2-17-2013

State of Tenn  
Co. of Lauderdale